



FREMONT UNION HIGH SCHOOL DISTRICT

Cupertino High School | Fremont High School | Homestead High School | Lynbrook High School | Monta Vista High School | Adult School

Spouse/Registered Domestic Partner (RDP) Coverage Affidavit

<u>Employee's Full Name:</u>	<u>Employee's Social Security #:</u>

If you cover your Spouse/RDP on the Fremont Union High School District Health Plan, you will be responsible for a monthly contribution surcharge. The monthly contribution to cover a Spouse/RDP who **does not** have access to other employer group coverage is \$150.00. The monthly contribution to cover a Spouse/RDP who **does** have access to other employer group coverage is \$280.00.

<p><u>Does your Spouse/RDP have access to other employer sponsored group coverage?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>If No, please explain why?</u></p>
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<u>Spouse/Registered Domestic Partner (RDP) Full Name:</u>

If applicable, please print name and phone number of your Spouse/RDP employer:

Company Name: _____

Benefits Administrator: _____

Phone Number: _____

I affirm, under penalty of perjury, that the assertions in this Affidavit are true and correct to the best of my knowledge. I authorize Fremont Union High School District to contact the employer listed above to confirm any necessary details regarding the other coverage.

Employee Signature

Date